

ORDER TO TERMINATE WAGE WITHHOLDING FOR CHILD SUPPORT

1. For Title IV-D Agency (Attorney General) cases, please **DO NOT** fill out Form 122. Please contact the following:

Office of the Attorney General
2440 Texas Parkway Suite 300
Missouri City, TX 77489
(281) 208-2137

2. To request completion of the bottom part of Form 122, take the following steps:
 - a. Complete the Child Support Form
 - b. Contact the Fort Bend County Child Support Office to request a case accounting.
 - c. Return form to Fort Bend County Child Support via mail; drop box, fax or office.

Mailing:

Fort Bend County Child Support
P.O. Box 118
Richmond, TX 77406-0118

Physical Address:

Fort Bend County Child Support
1317 Eugene Heimann Circle Ste 200
Richmond, TX 77469-3623

(281) 342-6222
(281) 342-6256 FAX

Location offers a 24-hour drop box

4. A case accounting will take approximately two to six working days for completion. The requestor will be contacted by a Child Support Representative to verify, confirm information regarding the case and to discuss the accounting.
5. The Child Support Section of Form 122 will be completed after the audit is complete.
6. The requestor can pick up the completed form at the Child Support Office and take it to the Fort Bend County District Clerk's Office for further processing.

CAUSE NO: _____

IN THE MATTER OF THE MARRIAGE OF § IN THE DISTRICT COURT OF

AND

AND IN THE INTEREST OF

§ FORT BEND COUNTY, TEXAS

§ _____ JUDICIAL DISTRICT

**ORDER TO TERMINATE WAGE WITHHOLDING
FOR CHILD SUPPORT**

The Court ORDERS you, the employer of the Obligor _____,
Social Security Number _____, shall terminate the withholding of income from the
Obligor's disposable earnings that have been made after _____, under Order of this Court, pursuant to
Chapter 158 of the Texas Family Code.

Signed this _____ day of _____, 20__.

Presiding Judge

**This section must be completed by the Fort Bend County Child Support,
Before the Order to Terminate will be signed**

Date Received

☐

Approved

☐

Not Approved \$ _____

Arrearage Amount

Child Support Signature

Signature Date

CAUSE NO: _____

IN THE MATTER OF THE MARRIAGE OF § IN THE DISTRICT COURT OF

AND

AND IN THE INTEREST OF § FORT BEND COUNTY, TEXAS

§ _____ JUDICIAL DISTRICT

REQUEST FOR ISSUANCE OF EMPLOYER'S
ORDER TO TERMINATE INCOME

TO THE CLERK OF THE COURT:

Pursuant to Chapter 158, of the Texas Family Code, the Obligor, _____
_____ requests that you issue a certified copy of the EMPLOYER'S ORDER TO
TERMINATE INCOME, signed by the Court on _____, to:

OBLIGOR'S EMPLOYER:

NAME

ADDRESS

CITY, STATE, ZIP

OBLIGOR:

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER (daytime)

Sworn and subscribed _____ day of _____, 20__.

To before, this undersigned authority by _____ this the _____ day of
_____ 20__.

Notary Public

County Texas